

The Counseling Center of Western New York

Notice of Privacy Practices

This notice describes how information about you can be used and disclosed and how you can get access to this information. Please review and sign one copy.

If you have any questions about this notice, please contact Parker Gevirtzman, the acting Privacy Officer for The Counseling Center of Western New York.

This notice of Privacy Practices describes how we may use and disclose your Protected Health Information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your Protected Health Information. Protected Health Information is any information about you that may identify you and that relates to your past, present or future mental health condition.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time and will inform you in writing when doing so. The new notice will be effective for all Protected Health Information that we maintain at that time.

Uses and Disclosure of Protected Health Information:

Written Consent

Information will be disclosed to third parties with your expressed written consent. Your therapist may request that you sign a consent form to obtain records from other parties who have treated you, are currently treating you or to other agencies when referrals are made on your behalf to another agency. This written consent may be revoked by you at any time by notifying your therapist or the Privacy Officer in writing. In all cases, the consent will expire 12 months from the date that you signed the consent. We will also disclose information to a third party if they provide us with written consent from you to do so. You may specify, on the consent form, the information you wish us to obtain or release.

Payment

Your Protected Health Information will be used as needed to obtain payment for your health care services. This may include any activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you or for making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you, or undertaking utilization review activities. You may request that we restrict the use of your Protected Health Information and disclosure of same for treatment, payment or health care operations, but we are not required to agree with the restriction. If we do agree with the restriction, we will not violate that agreement, except in cases of emergency.

Operations

We may use or disclose, as needed, your Protected Health Information, in order to support the business activities of The Counseling Center of Western New York. These activities include, but are not limited to, quality assurance activities, counselor review activities, activities and reviews relevant to licensing issues with any agency involved in our licensing or funding. We may use your Protected Health Information, as necessary to contact you by telephone or letter for issues related to appointment reminders or appointment setting or to inquire about your intent to continue services.

Emergencies

We may use your Protected Health Information in an emergency treatment situation as allowed by law. (refer to *Confidentiality Policy*)

Required by Law

We may use or disclose your Protected Health Information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified as required by law of any such uses or disclosure. This includes, but is not limited to disclosure that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your Protected Health Information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. We may also disclose Protected Health Information, so long as applicable legal requirements are met, for law enforcement purposes. We may disclose Protected Health Information in the course of any judicial or administrative proceedings, in response to an order of a court or administrative tribunal, in response to a subpoena, in response to a discovery request or other lawful process.

Criminal

We may disclose your Protected Health Information in the event that a crime occurs on the premises of the agency. Consistent with applicable federal and state laws, we may disclose your Protected Health Information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or to the public. (refer to *Confidentiality Policy*) We may also disclose Protected Health Information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Your Rights

You have a right to inspect your Protected Health Information. This means you may inspect and obtain a copy of your Protected Health Information about you that was generated at The Counseling Center of Western New York for as long as we maintain the record. A written request should be sent to the Privacy Officer listed at the top of this notice. The Privacy Officer will contact you within ten days of receiving your request and an appointment will be scheduled with you to review your record. You also have the right to challenge the accuracy of the facts in your record and you may require that a brief statement written by you be placed permanently in your record. You may make a reasonable request to receive communication of Protected Health Information by alternative means or at an alternative location.

Complaints

You have the right to file a complaint with the Privacy Officer of The Counseling Center of Western New York or with the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. The Counseling Center of Western New York will not retaliate against any person who files a complaint or exercises any other right under the privacy rule. A complaint may be filed with the Privacy officer at The Counseling Center of Western New York by calling 716-833-0415 or send your complaint to:

Office for Civil Rights
U.S. Department for Health and Human Services
200 Independence Ave Room 509F HHH Building
Washington, DC 20201
Or call OCR Hotline: (800)-368-1019

I have reviewed this document and understand that a copy will be provided to me at my request.

Client's Signature

Date

Therapist's Signature

Date